

Case Number:	CM13-0041018		
Date Assigned:	12/20/2013	Date of Injury:	04/15/1997
Decision Date:	04/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 04/15/1997. The treating diagnoses include status post lumbar fusion with subsequent hardware removal, adjacent level joint breakdown above the level of the prior fusion, below the level of the prior fusion, lumbar discogenic disease, cervical discogenic disease, cervical facet arthropathy, right knee internal derangement status post arthroscopic surgery, and left knee degenerative joint disease. On 8/14/13, the treating orthopedic surgeon submitted a progress report and also an appeal of a prior denial of an orthopedic mattress and lumbar facet block. This treating physician noted that the patient had an initial lumbar facet block done for initial pain and this was working well. The physician also noted that the patient had pain which is primarily mechanical in nature, including chronic low Final Determination Letter for IMR Case Number [REDACTED] back pain status post fusion and chronic cervical spine pain. The treating physician noted that, after a lumbar facet block on 4/20/13, the patient's pain level nearly completely resolved and the patient was able to travel out of state. It was noted that on lying on the current mattress the patient had severely increased low back pain and therefore an orthopedic mattress had been requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

240 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines detail the four A's of opioid management and discuss the need to document specific functional improvement and monitoring for aberrant behavior to support an indication for ongoing opioid use. The medical records in this case do not contain such detail to support an indication and benefit from ongoing opioid use. This request for Norco is not medically necessary.

MEDROL DOSEPAKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This treatment is not discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines state that the use of this class of medications is recommended only in limited circumstances for acute radicular pain. This circumstance does not apply at this time and therefore this request is not medically necessary.

GENOCIN 500MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA-approved labeling information

Decision rationale: This medication is not discussed in the Medical Treatment Utilization Schedule. FDA-approved labeling information for Genocin states that this medication is to treat malaria or other forms of Final Determination Letter for IMR Case Number [REDACTED] gastrointestinal infection. The medical records do not discuss such an indication or any other indication for this medication in this patient. This request is not medically necessary.

A FACET BLOCK AT L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Facet blocks are discussed in the ACOEM Guidelines, with the observation that facet joint injections of cortisone and lidocaine are of questionable merit. For this reason, an additional or subsequent facet injection is not clearly supported by the guidelines. With particular reference to this current request, the concept of repeat injection is not discussed in the Medical Treatment Utilization Schedule; however, the Official Disability Guidelines state that if an initial facet joint block is successful, then the recommendation is to proceed to a medial branch block and subsequent neurotomy. Guidelines do not support repeat facet blocks. This request is not medically necessary.

AN ORTHOPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med. Spine (Phila PA 1976). 2008 Apr 1;33(7):703-8. doi: 10.1097/BRS.0b013e3181695d3b

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This request is not discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines discusses the use of a mattress for low back pain and concludes that there are no high-quality studies to support the purchase of any particular type of mattress as a treatment for low back pain. This guideline essentially concludes that mattress selection is not a medically certifiable decision. As such, this request is not medically necessary.